U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

FORM LM-30 LABOR ORGANIZATION OFFICER AND **EMPLOYEE REPORT**

Form approved Office of Management and Budget No. 1215-0188 Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - /3//3	2. Fiscal Year Covered From:			
	10 / 1 / 2003 Through: 9 / 30 / 2004			
3. Name and address of person filing.	Name, file number, and address of labor organization.			
Name _{Paul} J Hongo	Name Communications Workers of America Local 1298			
	Labor Organization File Number 013-618			
P.O. Box, Bldg., Room No., if any	P.O. Box, Building and Room Number, if any			
Street 3055 Dixwell Avenue	Street 3055 Dixwell Avenue			
City Hamden	City Hamden			
State Connecticut ZIP Code + 4 06518	State Connecticut ZIP Code + 4 06518			
5. Position in labor organization. Local President				
Enter appropriate data below if, during the past fiscal year, you or your spot (except as specified in the exclusion of the e	use or minor child directly or indirectly had any of the following interests slons set forth in the instructions): derived income or other economic benefit of			
6. Name and address of Employer (including trade name, if any).	7.a. Nature of Interest, Transaction, or Income.			
Name Computer Sciences Corporation	Bargaining Dinner Meeting -7/29/04			
Trade Name, if any: CSC				
P.O. Box, Bldg., Room No., if any				
Street 74 Deerfield Lane	7.b. Amount.			
City Meriden	\$100			
State Connecticut ZIP Code + 4 06450	Control of the second of the s			
STOLE				
15. Signature and verification. The undersigned declares, under penalty of i submitted in this report (including the information contained in any accompany undersigned's knowledge and belief, true, correct, and complete. (See the sec	no documents), has been examined by the signatory and is, to the best of the			

08/15/2005

Date

203 288-5271

Telephone Number

U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

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	Labor Organization File Number 013-618				
P.O. Box, Bldg., Room No., if any	P.O. Box, Building and Room Number, if any				
Street 3055 Dixwell Avenue	Street 3055 Dixwell Avenue				
City Hamden	City Hamden				
State Connecticut ZIP Code + 4 06518	State Connecticut ZIP Code + 4 06518				
5. Position in labor organization. Local President					

Enter appropriate data below If, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans monetary value from an employer whose employees your o) with, or derived income or other economic benefit of rganization represents or is actively seeking to represent.
6. Name and address of Employer (including trade name, if any).	7.a. Nature of Interest, Transaction, or Income.
Name SBC Communications	Pre-Bargaining Lunch Meeting with Michelle Macuada- 1/26/2004
Trade Name, if any: SBC	
P.O. Box, Bldg., Room No., if any	
	7.b. Amount.
Street 310 Orange Street	
City New Haven	\$100
State Connecticut ZIP Code + 4 06510	

Signature

15. Signature and verification submitted in this report (includir undersigned's knowledge and b	ng the information con	tained in any accomp	anying docur	nents), has been exa	enalties of the law, that all of the information imined by the signatory and is, to the best of the ctions.)	
Signed Aud	Hopo	Ar.	On _	08/15/2005 Date	203 288-5271 Telephone Number	